

UNITED STATES DISTRICT COURT

SOUTHERN District of ALABAMA

Christine Mosquito et al.

v.

SUMMONS IN A CIVIL CASE

Pate Stevedore Co., Inc. et al.

CASE NUMBER: CV-09-103-CG-M

TO: (Name and address of Defendant)

Pascagoula-Moss Point Stevedores, ILA Pension Plans
4619 Main Street, Suite A
Moss Point, MS 39563

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Michael S. McNair
2151 Government Street
Mobile, AL 36606

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

CHARLES R. DIARD, JR.

CLERK

March 03, 2009

DATE

Mary Ann Boyles
(By) DEPUTY CLERK

AO 440 (Rev. 10/93) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE	
NAME OF SERVER (PRINT) <i>Michael S. McNair</i>	TITLE <i>Attorney</i>	
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the third-party defendant. Place where served: _____		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____		
<input type="checkbox"/> Returned unexecuted: _____		
<input checked="" type="checkbox"/> Other (specify): <i>by Certified Mail</i>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.		
Executed on <u>3-12-09</u>	Date	
Signature of Server		
<u>2151 Government St. Mobile, AL 36606</u>		
Address of Server		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)**

For delivery information visit our website at www.usps.com

OFFICIAL USE

7007	1490	0003	1142	3251	
Postage					\$ 1.00
Certified Fee					2.70
Return Receipt Fee (Endorsement Required)					2.20
Restricted Delivery Fee (Endorsement Required)					
Total Postage & Fees					\$ 5.90
Postmark Here					

Point To
Pascagoula - Moss Point Standard IBA Pension
Street, Apt. No.:
or PO Box No. 4619 Main St. Ste A
City, State, Zip: Moss Point, MS 39563

PS Form 3802, August 2004

SENDER: COMPLETE THIS SECTION		COMPLET THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature: <i>Teresa Dicksnworth</i></p> <p>B. Received by (Printed Name): <i>Teresa Dicksnworth</i></p> <p>C. Date of Delivery: <i>3-9-2009</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;"><i>Pascagoula - Moss Point Standard - IBA Pension Plan 4619 Main St., Suite A Moss Point, MS 39563</i></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7007 1490 0003 1142 3251</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102505-02-M-1540